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MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/009474
FILING DATE

APPLICANT(S)

best Available Copy

CLAIMS										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.				
1	1		1				51			
2							52			
3	2		2				53			
4	2		2				54			
5	0						55			
6			1				56			
7							57			
8							58			
9							59			
10							60			
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43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
TOTAL IND.	6		6				TOTAL IND.			
TOTAL DEP.	6		6				TOTAL DEP.			
TOTAL CLAIMS	7		7				TOTAL CLAIMS			

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS